

Mrs Eveline Anne Basile

# Penshurst

## Inspection report

24 Spring Hill  
Ventnor  
Isle of Wight  
PO38 1PF  
Tel: 01983 853184

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Penshurst on 28 August 2015. The inspection was unannounced. Penshurst is registered to provide accommodation for up to three people living with a learning disability. At the time of our inspection there were three people living at the home.

The provider delivered the majority of the care and support themselves. There was a very positive atmosphere at the home. People were at the heart of the service and were treated as members of the provider's family.

People lived in a homely environment and were treated with kindness and compassion. We observed positive

interactions between people and the provider. There was an open, trusting relationship and it was clear they knew each other well and the provider understood people's needs.

People felt safe at Penshurst. The provider had received appropriate training in a range of subjects, including how to protect people from the risk of abuse. Risks to people's health and well-being were assessed, monitored and managed appropriately. Most care was delivered by the provider, with occasional assistance from a family member who was also suitably trained. No additional staff were employed.

# Summary of findings

Medicines were stored securely and managed safely. Suitable arrangements were in place to deal with emergencies and people knew what to do if the fire alarm activated.

The provider was a skilled and experienced social care professional. They met people's needs effectively and followed legislation designed to protect people's rights and liberty. They supported people to make their own decisions.

People enjoyed their meals and received a choice of suitably nutritious diet based on their needs and preferences. Their health and well-being were monitored and they were supported to attend appointments with healthcare specialists.

People were involved in planning the care and support they received and the way the home was run. For example, they were consulted about colour schemes and themes when their bedrooms were redecorated.

The provider had an extensive knowledge of each person's care and support needs and any underlying health concerns. They had developed detailed care plans which helped make sure people's needs were met in a personalised way.

People were supported to make choices about how they lived their lives, what they did and where they spent their time. They were free to come and go as they pleased. Two people led active, busy, lives and were encouraged to maintain relationships with people important to them. A third person preferred to spend most of their time in their room.

People satisfied with the way the service was run. None wished to move from the home and none could suggest any ways that the service could be improved. The provider worked with an external consultant to help make sure they followed best practice and remained compliant with all regulations

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from the risk of abuse. Risks to people's health and well-being were managed effectively. Medicines were stored securely and administered safely.

There were enough staff to meet people's needs, as most care and support was delivered by the provider directly.

Good



### Is the service effective?

The service was effective.

The provider was skilled in meeting people's needs. People's rights and freedom were protected.

People's nutritional and hydration needs were met. Their health and well-being were monitored effectively.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion. Their independence was promoted.

The privacy and dignity of people were protected and they were involved in planning the care and support they received.

Good



### Is the service responsive?

The service was responsive.

People received highly personalised care and support that met their individual needs.

People were supported to make choices about how they lived their lives. They were encouraged to maintain relationships with people that matter to them.

Good



### Is the service well-led?

The service was well-led.

The provider had clear set of values which they worked to on a daily basis. They had built positive, trusting relationships with people.

There was an effective system in place to assess, monitor and improve the quality of service. The provider was aware of their responsibilities to notify CQC of significant events.

Good



# Penshurst

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 August 2015 and was unannounced. It was conducted by one inspector.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the three people living at the home. We also spoke with the provider. We looked at care plans and associated records for three people and records relating to the management of the service. We observed care and support being delivered in communal areas of the home.

At our last inspection, in September 2013, we identified no concerns.

# Is the service safe?

## Our findings

People told us they felt safe at Penshurst. One person said, “I feel very safe and secure.” Another person told us “I love it here. I smile now; I laugh now; and I joke now. People comment that I’m relaxed.” We saw people were at ease in the company of, and communicating with, the provider. The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse. They had received safeguarding training, which they refreshed regularly.

The provider understood the risks to people’s health and well-being. These were assessed, monitored and reviewed regularly and people were supported in accordance with their risk management plans. For example, prior to going out a person showed us a rescue medicine they needed to carry with them whenever they left the home. When new risks were identified, these were discussed with people to find appropriate and acceptable ways to manage them. For example, one person needed a special diet and the provider had agreed ways this could be met safely without compromising the person’s independence.

People told us the provider or another staff member were always available to support them. Two people were able to leave the home and engage in activities independently. The third person told us the provider was always to support them if they ever wanted to go out.

The provider had not needed to recruit any permanent staff as they relied on a family member to provide cover when they were not available. The family member was a qualified care worker and their suitability to work at Penshurst had been verified by conducting relevant checks.

We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. People had been given the option to manage some of their own medicines, but told us they preferred the provider to do this for them. One person said, “[The provider] looks after my tablets; I prefer that.”

Suitable arrangements were in place to deal with emergencies. The provider and their family member had been trained, and knew what action to take, if people required first aid. A fire safety risk assessment had been completed since the last inspection. This showed appropriate arrangements were in place to keep people safe in the event of a fire. People living at the home were clear about what to do if the fire alarm activated.

# Is the service effective?

## Our findings

The provider was skilled in meeting people's needs. They, and their family member who provided cover, had completed a range of training to help them support people effectively. One person told us "I was crying when I first came here, but now I'm really happy." They added, "[The provider] has really helped me to come out of my shell." Another person said, "I wouldn't want to go anywhere else. I like it here. [The provider] knows how to look after me."

The provider followed the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Some of the people living at Penshurst had a degree of cognitive impairment. The provider had received MCA training and was familiar with the code of practice to the MCA.

In line with the code of practice, rather than make decisions on behalf of people, the provider supported people to make their own decisions. For example, one person had a condition that meant they should limit their sugar intake, but they enjoyed confectionary. The provider had helped the person to understand their condition and the effect such foods had on their health. Having discussed ways this could be managed, the person had agreed to limit the amount of confectionary they ate. This avoided the need to make a best interest decision on behalf of the person and promoted their independence. Another person had agreed to the use of protective coverings on their furniture after the provider had supported them to understand the consequences of not having them in place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Nutritional assessment had been completed for each person living at Penshurst detailing the type of diet they required, together with any support they needed to maintain it. The provider was also aware of people's food preferences and went to great lengths to meet these. They said, "I end up cooking three different meals some nights if that's what they want." They were flexible in their approach to meals and fitted these in to people's schedules, depending on what each person was doing that day. In the evening, people ate together. They told us they enjoyed this as it made it a social occasion.

People told us they enjoyed all their meals. One person said of the provider "She's a good cook, we get lovely food." Another person had changed their diet and was being supported to eat more healthily as they wanted to lose some weight. They told us "I'm a fussy eater, but [the provider] got me onto salad and fish and now I love it. It's much better for me." Drinks were readily available throughout the day, which people could help themselves to. One person told us they particularly liked "11 o'clock coffee" which had become a special social occasion for people.

People's health and well-being were monitored. They were supported to attend regular appointments with doctors and relevant specialists. One person had their blood sugar levels checked daily by the provider. The provider understood the results and took appropriate action if the levels were found to be outside a safe range. In one case, this resulted in the person being admitted to hospital for further checks.

# Is the service caring?

## Our findings

People lived as part of the provider's family in a homely environment and were treated with kindness and compassion. One person said "I love [the provider] to bits. I love the whole family; the warmth; the love." Another person told us the provider was "lovely" and were "very nice" to them.

We observed caring interactions between people and staff. For example, before people went out, the provider talked to them about where they were going and what their plans were. This was done in a positive way, showing an interest in the person and their life. For example, one person talked openly with the provider about friends they were going to visit in a neighbouring town. They discussed things they needed to take with them and the times of the buses. As they left, they gave the provider a hug and a big smile. The provider promoted people's independence whilst also making sure they remained safe.

A person who had lived at Penshurst for many years died recently. The provider recognised that this had been very upsetting for one person in particular. They had spent time with them, helping them to grieve. When the provider suggested the person received some counselling, their response was "I'd rather talk to you." Another person told

us "I can talk to [the provider] if I'm worried about anything. When I have [a seizure] she reassures me that it's not my fault." This showed the provider had a positive relationship with people.

People were involved in planning the care and support they received and were aware of their care plans. When their bedrooms were re-decorated they had been consulted about colour schemes and themes. One person's room had been decorated with pictures of a particular form of transport they were interested in. Another person had chosen colours and materials they liked. The provider described how one person, who did not usually show emotion, was quite moved when they saw their new room and said, "I can't believe this is just for me." It had also encouraged the person to keep the room fresh and clean, which had previously been a concern.

People had their own bedrooms and a lounge which only they used. This gave them private places to go where they could spend time alone. Bedroom doors had locks, although people chose not to use these as they did not feel the need to use them as their privacy was never compromised. Two people needed support to use the bath and told us the provider helped them with this in a respectful way that protected their dignity. Confidential information, such as care records, was kept securely so it could only be accessed by those authorised to view it.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received. One person said, “They look after me well”. Another said of the care they received, “It’s alright”. The third person told us “I wouldn’t want it any different; I get all the help I need.”

Care plans had been developed to meet people’s individual needs in a personalised way. They were comprehensive and provided detailed guidance about the way care and support should be delivered to each person. Records of care and support delivered were maintained and showed people had been supported in accordance with their plans and their needs were met. For example, when a person had had a seizure, we saw they had received their rescue medicine and had been monitored appropriately until they had recovered.

Having developed the care plans and been responsible for delivering most of the care and support people received, the provider had an extensive knowledge of each person’s needs and any underlying health concerns. When people’s needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose.

People were supported to make choices about how they lived their lives, what they did and where they spent their time. They told us about how they spent their days and the activities they took part in. These included trips to local attractions. One person told us they enjoyed helping to prepare meals and doing the vacuuming. They said, “I do it

because I want to do it.” They also told us about social events and clubs they attended, including a weight loss club. They said, “I go with [the provider] and we have a competition each week to see who’s lost the most weight. Since going I feel much better and I haven’t looked back.” They added, “I’ve made more friends since going to [the clubs] than I ever did before.”

Another person enjoyed walking around the local area. They said “I just come and go as I please.” They also ran small errands for the provider when they went shopping. They told us “It gives me a purpose and makes me feel useful.” The third person preferred to spend most of their time in their room which had views over the garden, the local town and the sea. They said, “I like looking out of the window and watching the birds.”

People were encouraged to maintain relationships with people that matter to them. One person often visited friends they used to live with, including occasional “sleep-overs”, and another person was supported to have regular contact with a family member.

Given the positive, open, relationship the provider had with people, they did need or use formal complaints procedures to resolve concerns. Any issues raised were always dealt with immediately as they arose. The views of people were sought on a daily basis and people were listened to, for example in their choice of meals and the way their rooms were decorated. One person told us “We sometimes have arguments, but that’s families. We always sort things out.”



# Is the service well-led?

## Our findings

People told us, and we saw, that there was a positive, relaxed, atmosphere at the home. The three people living at the home had distinct and individual needs. They were each satisfied with the care and support they received from the provider and the way the service was run. None wished to move from the home and none could suggest any ways that the service could be improved. One person said “I wouldn’t want to go anywhere else, I like it here.” Another person told us they wanted to stay at Penshurst “for ever”.

The provider had clear set of values which they worked to on a daily basis. These included treating people with

honesty, openness, dignity and respect. These had helped them build positive, trusting relationships with people. One person confirmed this when they said of the provider, “The best thing is she doesn’t lie to you.”

The provider had an effective system in place to assess, monitor and improve the quality of service they provided to people. The size of the service did not warrant a formal quality assurance framework, as most care was delivered by the provider directly. However, the provider worked with an external consultant to help ensure they followed best practice and remained compliant with all regulations. This had been successful.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration.